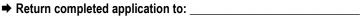


## The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_





## Carbon Monoxide Technical Options Annual Certificate of Inspection/Maintenance & Testing

(527 CMR 1.00 Section 13.7.6.3)

Property Name:		Owner Conta	ct:
Property Street Address	City		State Zip
Telephone			
Testing Company:			
Street Address	City		State Zip
Representative	License No		Telephone
Problems/Deficiencies Noted			
This report indicates the carbon mono in working order and in accordance wi compliance with the State Fire Code.			Notice of Inspection Failure sent to Local Fire Department:
Inspector	Name of Owner/Representation	ve	Dept.:
Date Time	Date	Time	Date:
Signature	Signature		